

ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>10</i>		<i>5-3-81</i>
O.I.P.E. CLASSIFIER	<i>12A</i>		<i>6/1/81</i>
FORMALITY REVIEW	<i>H</i>	<i>1000</i>	<i>12/2/80</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted

N  
 I  
 A  
 O

Non-elected  
 Interference  
 Appeal  
 Objected

Claim	Date	Claim	Date	Claim	Date
Final Original 1		Final Original 51		Final Original 101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
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23		73		123	
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41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions

BEST AVAILABLE COPY